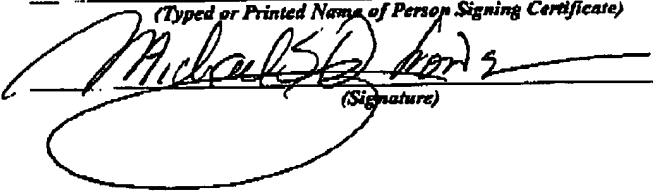
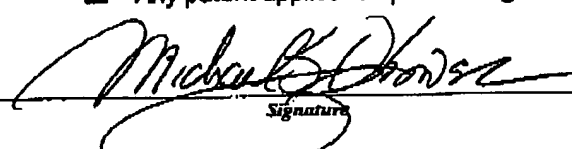


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 121027-057 (new)
Applicant(s): Yoshikazu SHINGU et al.			
Serial No. 09/880,388	Filing Date June 5, 2001	Examiner Jamisque Webb	Group Art Unit 3761
Invention: DISPOSABLE DIAPER			
FAX RECEIVED			
JUN 23 2003 GROUP 3700			
I hereby certify that this <u>Amendment After Final Rejection</u> <small>(Identify type of correspondence)</small>			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9303</u>)			
on <u>June 23, 2003</u> <small>(Date)</small>			
Michael S. Gzybowski <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small>			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 121027-057 (new)	
Applicant(s): Yoshikazu SHINGU et al.					
Serial No. 09/880,388	Filing Date June 5, 2001	Examiner Jamisia Webb	Group Art Unit 3761		
Invention: DISPOSABLE DIAPER					
FAX RECEIVED JUN 23 2003 GROUP 3700					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4	20	0	x \$9.00	\$0.00
INDEP. CLAIMS	1	3	0	x \$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2136					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature					Dated: June 23, 2003
Filed via facsimile transmission.					
I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first-class mail under 37 C.F.R. 1.6 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.					
Signature of Person Mailing Correspondence					
Typed or Printed Name of Person Mailing Correspondence					

cc:

P11SMALUREV06